

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 24, 2003

RE: MDR Tracking #: M2-03-1342-01

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Neurosurgeon reviewer who is board certified in Neurosurgery. The Neurosurgeon reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant was injured while at work on ___. Since that time, she has had low back pain. Various conservative measures, such as physical therapy and epidural steroids have been used. An MRI of the lumbar spine is described as showing degenerative disc disease without evidence of a specific disc rupture. She has been described on various occasions as having a normal neurologic examination other than for limitation of motion of the low back to having weakness of the dorsiflexion of the great left toe and left ankle.

Requested Service(s)

A request has been made for a CT discogram at L3-L4, L4-5, L5-S1.

Decision

I agree with the insurance carrier that this procedure is not medically necessary.

Rationale/Basis for Decision

If this woman truly has weakness of dorsiflexion of the left ankle and the left great toe and positive straight leg raising, I think she needs a CT myelogram to rule out the possibility of disc herniation. The MRI does not support disc herniation and her examination appears to vary. A CT discogram is not indicated for individuals with low back pain in the face of a normal MRI.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.